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Down and Out in *Fat City*

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I do not wish to humiliate them or shame them. I do not wish to turn my fat patients into freaks.

(Hitchcock, *Fat City* 11)

I first read *Fat City* in 2013. At the time it was an article by Dr Karen Hitchcock in *The Monthly* but since then it has been republished in stand-alone format by Black Inc. In it, Hitchcock drew on her work with morbidly obese[1] patients in order to address the question of who is responsible for the spread of obesity in contemporary society. I clicked a Facebook link, read the article numbly and clicked out feeling uncomfortable. Hitchcock claimed she didn't dislike fat people, yet reading her article made me feel ashamed. I couldn't explain why, so I pushed my embarassment down. No one else seemed to have read it that way, and I suspected the response to giving voice to my feelings would be, "Yes, but *you* are fat. You're being oversensitive." I tried to forget it, but the article continued to haunt me, even influencing my choice for an honours research topic.

Growing up, my weight was one of the earliest things I knew about myself: "Rebekah is fat and gross." Now, I realise I was probably only *puppy fat*—as children often are when they hit puberty early and are still growing into their bodies.[2] Besides, I liked to read and study in a sports-focused school, so I was naturally bigger than everyone else. Once, in a grade-six physical education class, someone threw a rock at me, which hit me in the butt, while yelling "aim for Rebekah—she's easy to hit!" At nine, I looked at an obese person's visible double chin and

[1] While I acknowledge that it is often the non-prefered language of many fat people, I chose to engage with medical terminology when writing this article to mirror Hitchcock's own language.
[2] The image on this page is Rebekah at twelve, the year she would first make her first suicide attempt

thought, "I never want to get *that* fat. If I ever have a double chin, I'll kill myself." I don't think my experiences were unique, but they set up a belief in my head: "I am fat, will always be fat, and I should hate myself for it."

So, reading *Fat City*, I thought: "This is what doctors really think of me. I don't really matter to them; I am just another problem literally weighing down the system. I am a waste of resources, a waste of doctors' time." In 2013, I had already suffered one life-shattering medical malpractice experience and was less than a year out from my second. *Fat City* slipped in between to tell me this one secret doctors didn't want me to know: they hated me for being fat.

I understand—intellectually—that Hitchcock didn't intend for me to read her article this way. She would probably be upset to know I did. But I was twenty-one, and I hated myself. *Fat City* provided bizarre confirmation that even those paid to support me hated me.

> Every day before my ward round I would say to myself that I was going to broach the subject with [my patient]. It seemed a good opportunity to intervene. And yet each time I stood by her bed and looked at her bedside table piled high with literary novels, open blocks of chocolate and teddy-bear biscuits, each time I lifted her pyjama top and pushed my stethoscope into her soft white flesh, I couldn't do it. I was embarrassed to mention her weight; it felt like I was a puritan taking the high moral ground. It felt mean. (Hitchcock, *Fat City* 6)

Hitchcock's hesitance to mention weight as an underlying cause of disease wasn't shared by my doctors. I was constantly told to lose weight. The moment I hit one hundred kilograms, every medical consult, regardless of what I was there for, included asking me if I had considered bariatric surgery. Most of those doctors had little idea of what the surgery costed or how to access it. They had an obligation to mention a recommended treatment though they had little interest in following through—and they weren't too worried about offending me because they probably wouldn't see me again. Perhaps the turnover of health staff in regional areas contributed to their apathy. I can't say for sure.

At any rate, to get bariatric surgery covered by Medicare in Queensland, you must meet a series of narrow criteria. You must be over eighteen, you must weigh less than 185 kilograms, you must have a BMI greater than thirty-five, and you must have type two diabetes. The surgery is only undertaken in Brisbane. If you do not qualify, the assessment tool informs you to speak to your general practitioner or visit the Queensland government's *Healthier. Happier.* website. It's a good website, but if you're being considered for (or are considering) bariatric surgery, it's not even close to a sufficient response for someone who has just been deemed ineligible for surgery.

Without health insurance, private weight-loss surgery conservatively costs between seven thousand and thirty thousand dollars.[3] The lower estimate excludes additional but necessary expenses such as hospital, psychologist, and dietician fees. There is, however, an option to withdraw money from your superannuation to pay for the procedure. What a bitter calculus: "If I lose weight, I might live longer, but if I live longer I will have less super to fund that longer life." For women, who often have less in their account, the prospect of this gamble is especially pressing. When many people with little in the way of socioeconomic status in regional Queensland regularly take out payment plans just to see the dentist (or skip appointments entirely) the unmanageable costs put weight loss surgery even further out of reach.

Doctors don't know what to say when I tell them that the state considers me too healthy to pay for my surgery or that I need to wait to develop type two diabetes. I'm sure that they're as frustrated as I am with the whole process. And it's not that I think doctors shouldn't talk about obesity and its health effects, even if it's unpleasant. But these conversations rarely left me with anything but shame because they never seemed to come from a place of genuine concern for me as a human.

When I was nineteen and weighed between eighty and ninety kilograms, I was sent to a gynaecologist. I had to go privately because, although my issue was urgent, it was not considered urgent enough to prevent me waiting more than a year for a public hospital booking. When I saw her, the gynaecologist took a basic health history, noted my weight, and before she'd even pulled up my file said, "You probably have diabetes, which is causing your problems." Only then did she pull up my file to see the test results. I noticed that she was looking at the wrong results—ones that were at least a year out of date. I watched her and read along as she continued in error. She performed a cursory examination, gave me a blood test form for diabetes, and sent me on my way. As I left the hospital I burst into tears.

My appointment with the gynaecologist was on a Thursday, and I had an appointment with my GP on the following Monday—I barely slept in between. I had severe anxiety. My mother came into my room at one in the morning and found me awake, shaking in my bed. She asked what was wrong. How could I explain to her the terror I was feeling? When I finally saw my GP, she was perplexed. "You don't have diabetes," she said. We did a blood glucose test to ease my anxiety—it was normal—and a follow-up blood test, also normal. I haven't developed diabetes so far, but an acute anxiety about developing it has never left me after that encounter. It's only now

[3] For further information on the pricing of bariatric surgery, consult the following websites: https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/bariatric-surgery-service; https://www.brisbanebariatrics.com.au/pricing/; and https://brisbaneweightlosssurgery.com.au/pricing/uninsured-patients/

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that I have a good, stable relationship with my GP that the fear has eased. When I first started seeing her, I had asked her whether I should buy a home glucose test machine so I would know as soon as I developed diabetes. "I think that would be a terrible idea," she replied, bemused. I've been too ashamed to explain to her where that fear has come from: an ineffective half-hour consultation and a test (that wasn't even done) which left me four hundred dollars out of pocket but with ten years of anxiety.[4]

More recently, my GP sent me to see a rheumatologist to confirm she had diagnosed something correctly. Towards the end of the consultation, the rheumatologist turned to me and said, "Have you considered bariatric surgery?" I asked her if she knew the process for applying for bariatric surgery. She did not.

"Oh," she said—once I had explained the requirements to her—before returning her attention to the computer monitor in front of her.

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Today, I mostly agree with *Fat City* on its fundamental arguments but in some ways it continues to be a source of discomfort for me. Something about the essay still doesn't sit right with me. Hitchcock's words continue to stick with me, particularly the sense of disgust and othering that pervades her writing about obese people.

Fat City begins with an anecdote about Hitchcock's first encounters with morbidly obese people in America. She is surprised: these fat people smell nice, have jobs and money, and don't live in trailer parks. Hitchcock tells us she loved Emily—one fat American singled out for discussion—and proposes that "her bulk did not disgust me." In the first three hundred words, Hitchcock finds it necessary to explicitly tell us—without a hint of irony—that fat *doesn't* disgust her.

The first half of *Fat City* appears performatively empathetic and compassionate, but the second half veers into disgust. "Any public-health campaign to curb obesity would need to be graphic, to make real the unpleasant consequences of pleasurable excess eating (p. 15)." Hitchcock refers to a New York City public

[4] If you are wondering if this is one of the medical malpractices I experienced, it's not. It's only just scraping into my top five disastrous medical experiences. While relevant, those malpractices are a bit too traumatic to talk about casually.

health campaign featuring "a man guzzling a glass of blood-streaked liquefied fat. The tagline was 'Don't drink yourself fat'" (15). You can see the ad here—it is gross.

I'd read about this campaign in preeminent sociologist Deborah Lupton's 2013 article *The Pedagogy of Disgust: The Ethical, Moral and Political Implications of Using Disgust In Public Health Campaigns*. Lupton links disgust as an educational tool in public health to fear, as Hitchcock implicitly does in the quote above. However, Lupton argues these campaigns often underplay the impact on human dignity and fail to acknowledge the ethics of using scare tactics (9). In a meta-analysis from 2000, Witte and Allen concluded that fear campaigns only work if people believe they can protect themselves from the threat. In a 2015 Netherlands study, Dijkstra and Bos found graphic imagery works to reduce smoking only if smokers have the resources to quit. Fear or disgust are most effective when working in concert with other measures and only if someone is able to change their lifestyle.

Hitchcock's emphasis on disgust as a public health strategy, therefore, requires a re-conceptualisation of the entire article. What I had previously brushed off as description now had to be questioned. I had to ask, what was the *intention* of these descriptors? When she described a fat woman's feet as "unkempt, with long yellowed nails and a rim of dark-brown skin cracking around the soles—a disaster waiting to happen for a diabetic, as they are prone to terrible foot infections that sometimes result in amputation" (*Fat City* 11), what did she intend for us to make of it? The intention of such unpleasant imagery may not necessarily have been to provoke our disgust, but it seems an inevitable response from an audience broadly unfamiliar with the confronting imagery of medical care.

Nonetheless, the fact that fat people do not seem to be Hitchcock's intended audience makes me question the intentions of these descriptions. There is an *us*—including Hitchcock and the reader she addresses—and a *them*: the "Emilys" of Australia. Hitchcock is explicit when she observes of one subject that "he's not like *us*, is he? He's in the minority; most people are just twenty or so kilos overweight" (18, emphasis added).

While they are likely intended to serve as rhetorical devices rather than instances of deliberate othering, such comments also imply that Hitchcock's assumed reader is overweight but not obese. In this light, her proposal to increase the immediate visibility of the long-term effects of poor eating makes me wonder if these descriptors are examples of a deliberate effort to be disgusting. It's not a stretch—one reviewer on the GoodReads website commented, "Just hope I remember [the article] next time I want to pig out on junk food" (Sharon np).

Indeed, the othering of obese people begins in the first paragraph of Hitchcock's essay. She makes a clear division between the pizza-eating Emily and herself, who always refused the pizza.

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"The thought of her pizzas made me sick," Hitchcock writes after telling us Emily did not disgust her, "All those pools of fat." This is certainly an example of what Lupton calls liminality disgust triggered by symbolic and material things that are not easily categorised (8), such as things that ooze or are slimy—like pools of fat.

When obese people are mentioned in *Fat City*, they exist as mere examples. Her patients and friends become objects with which to scare her readers. Objectification of the obese isn't unusual. In my honours research, I found many journal articles claiming they were "giving voice" to their fat participants while undermining themselves by using stigmatising or othering language. Sometimes, it felt as if they used the phrase "giving voice" as code for "we don't hate our participants" while stigmatising them. Repeatedly I read that obesity was correlated with stigma and discrimination, while the authors making these observations continue to write as though they themselves aren't part of the problem. To her credit, Hitchcock owns up to her own biases more than most.

Ultimately, Emily is never mentioned again after the introduction. Seemingly, her purpose is to establish that Hitchcock is someone with obese friends whom she finds lovable—if perhaps pitiable. The section reads like an apologia for her othering. To give her the benefit of the doubt, it may be an admission of Hitchcock's limited interactions with fat people and the powerful stereotypes of them that she carried with her into the writing of *Fat City*.

Still, it is important to highlight that Emily, and Hitchcock's other patients, are real people who exist. When I first read *Fat City*, I couldn't help but wonder what Emily thought of Hitchcock's description of her and her family. How it felt to be described as "not disgusting."

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It would be risible to claim that *Fat City* caused all my issues. I am fat because of complex reasons. I could lay out my traumas for you and walk you gently through the horrors that led to me being 135kgs. If I did that, it would be hard not to think I was asking for your sympathy, for a pat on the head, for you to say, "Yes, you're disgusting, but you're *justified*." In so many aspects of my life, I have been expected to flay myself open for forgiveness or pity, usually for the sin of existing or being in the wrong place at the wrong time, and I don't want to do that here. No offence, but

I don't want your pity. I'd rather you think of me as irresponsible—a bad fatty—for now.

In my case, *Fat City* wasn't benign either. It changed how I looked at myself and my relationships with doctors and it justified my worst anxieties about them. It kept me wondering when I would be the case study they used for other patients, for their own writing on the subject of fat people. It subtly seeped into everything I thought. When my best friend moved here from overseas to study medicine I began to wonder if I would one day be her Emily. I thought, "please don't write or talk about me like that to your patients." I call her up to talk about a new weight loss thing I'm trying because I want to talk about it to someone I know won't judge, and I realise I'm subconsciously trying to ask, "Will you love me the same if I lose a lot of weight? Please tell me you're not just waiting for me to become thin. Please tell me you're not disgusted to watch me eat." I stop myself from voicing this because it's not anything she's done. It's just that I have Hitchcock's words running through my head.

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I believe *Fat City* demonstrates the impact of compassion fatigue and burnout from working in the modern medical system that places too many and too high expectations on health staff. But, at its worst, the essay displays the anti-fat bias that studies reveal even among those who work exclusively with fat people and which hides in medical language to justify the dehumanisation of the morbidly obese. *Fat City* exemplifies the findings of these studies that show that medical professionals regularly believe fat people to be lesser—lazy, disgusting, annoying—without considering the possibility of bias.

I agree with Hitchcock's central premise that fixating on commercialised beauty will inevitably end badly, that obesity has negative aspects, and that society needs to take responsibility for the promotion and easy availability of junk food. However, I suspect what makes her views read as controversial is summarised in this line from her reappraisal of her own writing in *Fat City Revisited*: "I am uninterested in both the aesthetics and the morality of obesity, except insofar as they are barriers to us finding a solution to the medical and population-health mayhem that obesity is causing" (66).

You cannot separate aesthetics or morality from understanding obesity any more than Hitchcock could reduce a three-hundred kilogram person to a healthy weight overnight. It is hypocritical to advocate for using disgust in public health campaigns while claiming morality and aesthetics do not matter, to engage in the othering of fat people while asserting they do not disgust you. This, I think, is what I picked up on all those years ago, and what body positivity critics saw when they lost their tempers at the time of *Fat City*'s initial publication.

I knew I was fat from an early age, but it was knowing I was fat *and gross*, that I was different *and ugly*, that made suicide a reasonable just-in-

case plan. The medicalisation of obesity does not change this self-knowledge—or other people's assumptions of me. In many ways, medicalisation is the shiny plastic that has allowed obesity-as-moral-failing to remain embedded in medical institutions. Regardless of intent, arguing that aesthetics and morals don't matter denies the experiences of fat people. I feel like a lost cause when experts use our bodies to exemplify obesity's horrors while intoning, "If you quit smoking and get fat, you may as well have kept on smoking. (10)" It's not the so-called empirical truth of these statements that makes me feel I'm a necessary sacrifice to keep everyone else safe. It's how the narrative weaves together to tell this tale.

I read *Fat City* when I was at my most vulnerable. I was in a toxic environment, being groomed, being told I wasn't worth anything, and that my instincts were wrong. None of that is Karen Hitchcock's fault. But I read this well-meaning article that clearly wasn't for me—which made me feel disgusting and different—and it reinforced my perception that I was unworthy of help. It convinced me that I shouldn't even try because this was what people really thought of me. At a time when my abuser was frequently using my weight against me.

It's taken a long time to unstick *Fat City* from my consciousness and articulate why it bothered me. Hitchcock's work demonstrates that it is challenging to attack obesity without stigmatising the obese, even when cold observation is tempered with apology. It is not descriptions of obesity or drawn conclusions that stigmatise. Rather, it is the dehumanising tone when discussing the obese, and the focus on disgust, that makes apologies and the equivocations fall flat. It is this disgust and dehumanisation which fat people must endure when trying to successfully navigate their environments and their care. For those who must simultaneously navigate other "isms," including racism, sexism, ageism, and ableism, the process is all the more exhausting.

These days, I care about my health rather than searching for whatever I can to make my death come faster. My care team and I have worked hard to chip away at the damage that weight bias has done to my desire to care for myself. It is slow, hard and largely incomplete work. I am grateful to have professionals who may not always understand but who consistently demonstrate a willingness to learn and care. Nonetheless, a friend has told me that a health service recently turned them away for being slightly outside the normal BMI range, and I realise what I have is just luck and privilege. I still live in *Fat City*. Even if I lost all the weight, I'd still live here. And I am tired of trying to exit. These days, I want to make Fat City belong to those it is named after.

Works Cited

Dijkstra, A., & Bos, C. "The Effects of Repeated Exposure to Graphic Fear Appeals on Cigarette Packages: A field Experiment." *Psychology of Addictive Behaviors*, vol. 29, no. 1, 2015, pp. 82-90. https://doi.org/10.1037/adb0000049

Hitchcock, K. *Fat City*. Black Inc., 2013.

---. *The medicine: A doctor's notes*. Black Inc., 2020.

Lupton, D. "The Pedagogy of Disgust: The Ethical, Moral and Political Implications of Using Disgust in Public Health Campaigns." *Critical Public Health*, vol. 25, no. 1, 2015, pp. 4-14. https://doi.org/10.1080/09581596.2014.885115

Sharon. "*Fat City*: Community Reviews." *Goodreads*, 12 March 2022, https://www.goodreads.com/book/show/25661171-fat-city#other_reviews

Witte, K., & Allen, M. "A Meta-Analysis of Fear Appeals: Implications for Effective Public Health Campaigns." *Health Education and Behavior*, vol. 27, no. 5, 2000, pp. 591-615. https://doi.org/10.1177/109019810002700506